

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09779113

FILING DATE

2-9-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13	/		/				63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18	/		/				68						
19		/		/			69						
20	/		/				70						
21		/		/			71						
22	/		/				72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		9				TOTAL IND.						
TOTAL DEP.	18		45				TOTAL DEP.						
TOTAL CLAIMS	23		54				TOTAL CLAIMS						

16
31
16
53

3